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## Automobile Insurance Application Nationwide Mutual Insurance Company

Binder Number: [REDACTED]	Binder Effective: 06/08/04 at 12:01 AM	Expiration:	
THIS BINDER SHALL REMAIN IN EFFECT UNTIL CANCELLED OR SUPERSEDED BY THE WRITTEN POLICY OF INSURANCE.			
Application Type: [REDACTED]	County: 008	Territory: 060	Fire/Tax Code:
Named Insured: [REDACTED]			
Home Phone:	Secondary Phone:	E-mail:	
Street: [REDACTED]	City: [REDACTED]	ST: [REDACTED]	ZIP: [REDACTED]

### DRIVER AND HOUSEHOLD INFORMATION

	Driver 1	Driver 2	Driver 3	Driver 4	Driver 5	Driver 6
Name	[REDACTED]	[REDACTED]				
Date Of Birth	[REDACTED]	[REDACTED]				
Gender	[REDACTED]	[REDACTED]				
Marital	[REDACTED]	[REDACTED]				
Social Security No.	[REDACTED]	[REDACTED]				
Driver License No.	[REDACTED]	[REDACTED]				
Licensed State	DE	DE				
Prior State If < 3 Yrs.						
Relationship	Named Insured	Named Insured				
Occupation	[REDACTED]	[REDACTED]				
Resident Child	[REDACTED]	[REDACTED]				
Driver Type	[REDACTED]	[REDACTED]				
At Residence	[REDACTED]	[REDACTED]				
Street						
City						
State						
ZIP						
<b>Driver Discounts</b>						
Accident Free 5 Yrs	[REDACTED]	[REDACTED]				
Accident Free 3 Yrs	[REDACTED]	[REDACTED]				
<b>Driver Surcharges</b>						
No driver surcharges applied						

### YOUTHFUL HOUSEHOLD MEMBERS

[REDACTED]

### NON-LICENSED RESIDENTS

[REDACTED]

### PRIOR AUTO INSURANCE HISTORY

Previous Insurer	Liability Limits	Expiration Date	Continuous Coverage
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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## VIOLATIONS, ACCIDENT HISTORY

No accidents or violations disclosed.

## VEHICLE AND COVERAGE INFORMATION

	Vehicle 1		Vehicle 2		
Model Year	[REDACTED]		[REDACTED]		
Make	[REDACTED]		[REDACTED]		
Model	[REDACTED]		[REDACTED]		
Vehicle Identification Number	[REDACTED]		[REDACTED]		
Registered Owner(s)	[REDACTED]		[REDACTED]		
Product Type	[REDACTED]		[REDACTED]		
Sub Product Type	[REDACTED]		[REDACTED]		
Rate Symbol	[REDACTED]		[REDACTED]		
Existing Damage					
Description	None		None		
Cause					
Salvaged/Rebuilt Title					
Reason	Not Applicable		Not Applicable		
Customized					
Description	None		None		
Amount					
Symbol					
Stated Amount					
Inspection					
Customary Operator					
Vehicle Use	[REDACTED]		[REDACTED]		
<b>Vehicle Level Coverages</b>					
Comprehensive	250	\$60.70	250	\$64.00	
Collision	500	\$104.60	500	\$141.90	
Property Damage	100000	\$65.40	100000	\$70.60	
Bodily Injury	50/100	\$93.60	50/100	\$101.20	
Medical Payment	CNW		CNW		
Loss of Use	30/900	\$26.00	30/900	\$26.00	
Towing & Labor (Auto)	T&L	\$1.80	T&L	\$1.80	
CB Coverage	CNW		CNW		
Personal Injury Protection	BASIC	\$31.80	BASIC	\$31.10	
Addl. Pers. Inj. Protection	CNW		CNW		
Personal Effects					
Total Vehicle Premium		\$383.90		\$436.60	
<b>POLICY LEVEL COVERAGES</b>					
Uninsured Motorists - BI	50/100			\$35.10	
Uninsured Motorists - PD	15000			INCLUDED	
Policy Level Premium				\$35.10	
<b>VEHICLE AND POLICY LEVEL DISCOUNTS</b>					
Long Term	[REDACTED]		[REDACTED]		
Multi Car	[REDACTED]		[REDACTED]		
Passive Restraint	[REDACTED]		[REDACTED]		
<b>VEHICLE AND POLICY LEVEL SURCHARGES</b>					
[REDACTED]					

## GENERAL INFORMATION

Does any driver reside in NY, NJ, MA, NM, or LA at any time during the year or are any of the vehicles principally garaged in any of these states?					
Have you, any member of your household, or any operators of your vehicles been convicted of a felony within the past ten years?					
Are there any vehicles in your household not insured with Nationwide?					
If Yes:	Model YR:	Make:	Model:	Reason:	
Is any vehicle garaged at an address other than the policy mailing address?					

## THIRD PARTY INFORMATION

	Third Party Name	Street/P.O. Box	City	ST	ZIP	Third Party Type
Veh 2						

## PAYMENT INFORMATION

Total Vehicle Premiums:	\$820.50	Applicable Fees/Taxes:	\$0.00	Policy Coverage Premium:	\$35.10	Installment Premium:	\$427.80
Total Policy Premium:	\$855.60	Amount Collected:	\$0.00	Payment Plan:	Client Pay Plan	Installment Fees:	\$0.00

## PROXY GRANT

In the event this application shall, at any time, result in the issuance to me of an insurance policy by Nationwide Mutual Insurance Company or any mutual insurance company affiliated with it (a Policy), I hereby appoint the Chairman of the Board of such mutual insurance company, with full power of substitution, to be my proxy, and such individual is authorized and empowered to vote for me on all matters presented for vote at any membership meeting of such company. This proxy shall continue in force for the full duration of the Policy and any renewal thereof, unless sooner revoked in writing. If I choose to revoke my proxy authorization, at any time, I can contact my agent or the Office of Secretary of the insurer to obtain a proxy revocation form.

Applicant must signify with their initials that the following statements are true and accurate as indicated on the application:

	Initials
All operators and drivers who may operate the vehicle(s) identified in this application or may have access to the vehicle(s) for the purpose of operating and/or driving the vehicle(s) and all persons residing at the address listed on this application and at the garaging address(es) of said vehicle(s), have been disclosed and listed on this or another Nationwide application, with the exception of resident parents or grandparents insured with a company other than Nationwide.	[Redacted]
I certify that I am the owner/lessee of the listed vehicle(s) and these vehicles are not owned or leased (fully or partially) by any other individuals, except as disclosed on this application.	[Redacted]
I certify that I, any member of my household, or any operators of the vehicles listed on this application have not been convicted of an insurance related offense (not including accidents or moving violations).	[Redacted]
I certify that the vehicles listed for coverage on this policy are not used for commercial use, the pick up and delivery of goods or people, which include but is not limited to pizza, mail, newspapers, taxi, debris/snow removal, for hire or fee.	[Redacted]
I understand that vehicles not titled to the named insured or lessee will be excluded from coverage to the extent as allowed by the auto insurance policy.	[Redacted]
All existing damage to the vehicle(s) indicated on the application has been disclosed and listed on the application.	[Redacted]
The garaging address for the vehicle(s) indicated on this application is the same as the residence address listed on this application (except where noted to be different on same application).	[Redacted]

Signature of [Redacted]

Date: 6/8/04 Time: \_\_\_\_\_ ET

Signature of Parent or Legal Guardian  
(if Applicant is under 18 years of age)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ET

Signature of Lisa Broadbent Ins Inc 6693

Date: 6/8/04 Time: \_\_\_\_\_ ET

SA19001 7/03

# **DELAWARE MOTORISTS' PROTECTION ACT** **Required Statement to Policyholders**

NATIONWIDE INSURANCE COMPANIES  
Home Office: Columbus, Ohio

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverages and limits of liability under the Delaware Motorists' Protection Act:

- Bodily Injury Liability: (\$15,000 each person; \$30,000 each accident)
- Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
- Property Damage Liability: (\$10,000 each accident)
- Damage to Property Other Than a Motor Vehicle: (\$10,000 included if Property Damage written)

Insured [REDACTED] Policy Number [REDACTED] Co. Mutual  
Eff: 3/25/03 2:00 PM Vehicle(s): 91 Chev

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
1. BODILY INJURY LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input type="checkbox"/>	Bodily Injury Limits Each Person      Each Accident \$ <u>50</u> ,000      \$ <u>100</u> ,000
2. PROPERTY DAMAGE LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input type="checkbox"/>	Property Damage Limits \$ <u>100</u> ,000
3. NO FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)	I WANT: 1. Additional Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input checked="" type="checkbox"/>	Personal Injury Protection Limits Each Person      Each Accident \$      ,000      \$      ,000
	3. Full Coverage with no Deductible <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	4. Deductible Applicable to Named Insured only <input type="checkbox"/>	DEDUCTIBLE
	5. Deductible Applicable to Named Insured and Members of his household <input type="checkbox"/>	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$
	6. (Motorcycle Risks Only) Restricted Coverage – Excludes off the highway accidents and accidents when no other motor vehicle is involved <input type="checkbox"/>	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$
4. PHYSICAL DAMAGE	I WANT: 1. Collision <u>                    </u> To Reject This Coverage Entirely <input type="checkbox"/> 2. Comprehensive <u>                    </u> To Reject This Coverage Entirely <input type="checkbox"/>	DEDUCTIBLE Collision \$ <u>500</u> Comprehensive \$ <u>250</u>
5. LOSS OF USE COVERAGE (Optional)	\$ <u>30</u> per day, \$ <u>900</u> Max. Available only with Comprehensive and/or Collision	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6. UNINSURED/UNDERINSURED VEHICLE COVERAGE* (Optional) (Available in limits up to the Bodily Injury Liability Limits)	I WANT 1. Minimum Limits (\$15,000/\$30,000) <input checked="" type="checkbox"/> 2. Bodily Injury Liability Policy Limit <input checked="" type="checkbox"/> 3. Other – Specify in Column C <input type="checkbox"/> 4. To reject this coverage entirely <input type="checkbox"/>	LIMITS Each Person \$ <u>                    </u> Each Accident \$ <u>                    </u>

\*Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage, which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

(Over)

6a. UNINSURED/UNDERINSURED  
VEHICLE COVERAGE  
(Maximum available limits)

I have been informed that I can purchase Uninsured/Underinsured Vehicle Coverage limits up to 300/300  
at a semi-annual cost of 183.70.

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above.

I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to all vehicles described on this policy of insurance, on all future renewals of the policy, on future policies issued me because of a change of vehicle or coverage or because of an interruption of coverage, unless I subsequently request a change of such coverage in writing.

Signature of Named Insured

Date

Agent's Name

*It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverages, or other additional coverages which may be available from the company.*

# **DELAWARE MOTORISTS' PROTECTION ACT** **Required Statement to Policyholders**

NATIONWIDE INSURANCE COMPANIES  
Home Office: Columbus, Ohio

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverages and limits of liability under the Delaware Motorists' Protection Act:

- Bodily Injury Liability: (\$15,000 each person; \$30,000 each accident)
- Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
- Property Damage Liability: (\$10,000 each accident)
- Damage to Property Other Than a Motor Vehicle: (\$10,000 included if Property Damage written)

Insured [REDACTED] Policy Number [REDACTED] co. Nationwide P+C  
Eff: 12/08/01 Vehicle(s): [REDACTED]

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
1. BODILY INJURY LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input type="checkbox"/>	Bodily Injury Limits Each Person      Each Accident \$ <u>50</u> ,000      \$ <u>100</u> ,000
2. PROPERTY DAMAGE LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input type="checkbox"/>	Property Damage Limits \$ <u>100</u> ,000
3. NO FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)	I WANT: 1. Additional Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input checked="" type="checkbox"/>	Personal Injury Protection Limits Each Person      Each Accident \$      ,000      \$      ,000
	3. Full Coverage with no Deductible	Yes <u>X</u> No <u>            </u>
	4. Deductible Applicable to Named Insured only <input type="checkbox"/>	DEDUCTIBLE <input type="checkbox"/> \$250 <input type="checkbox"/> \$500
	5. Deductible Applicable to Named Insured and Members of his household <input type="checkbox"/>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$ <u>            </u>
	6. (Motorcycle Risks Only) Restricted Coverage – Excludes off the highway accidents and accidents when no other motor vehicle is involved <input type="checkbox"/>	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$ <u>            </u>
4. PHYSICAL DAMAGE	I WANT: 1. Collision <u>                    </u> To Reject This Coverage Entirely <input type="checkbox"/> 2. Comprehensive <u>                    </u> To Reject This Coverage Entirely <input type="checkbox"/>	DEDUCTIBLE Collision \$ <u>500.00</u> Comprehensive \$ <u>250.00</u>
5. LOSS OF USE COVERAGE (Optional)	\$ <u>25.00</u> per day, \$ <u>800.00</u> Max. Available only with Comprehensive and/or Collision	Yes <u>X</u> No <u>            </u>
6. UNINSURED/UNDERINSURED VEHICLE COVERAGE* (Optional) (Available in limits up to the Bodily Injury Liability Limits)	I WANT 1. Minimum Limits (\$15,000/\$30,000) <input type="checkbox"/> 2. Bodily Injury Liability Policy Limit <input checked="" type="checkbox"/> 3. Other – Specify in Column C <input type="checkbox"/> 4. To reject this coverage entirely <input type="checkbox"/>	LIMITS Each Person \$ <u>            </u> Each Accident \$ <u>            </u>

\*Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage, which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

(Over)



POLICY NUMBER [REDACTED]

COVERAGES

VEH 1

COMPREHENSIVE

50  
\$96.70

COLLISION

100  
\$212.20

BODILY INJURY

100/300  
\$193.70

PROPERTY DAMAGE

100000  
\$89.00

PERSONAL INJURY PROTECTION

250  
\$245.40

DEDUCTIBLE APPLIES TO

INSURED  
INCLUDED

RESTRICTED/UNRESTRICTED

UNRSTR  
INCLUDED

TOTAL PREMIUM:

\$837.00

\*\*\*\*\*  
POLICY COVERAGEUNINSURED MOTORIST-BODILY INJURY 100/300 \$94.40  
UNINSURED MOTORIST-PROPERTY DAMAGE 10,000 INCLUDEDTERM PREMIUM: \$931.40  
PAY PLAN: OINSTALLMENT PREMIUM: \$469.70  
AMOUNT COLLECTED: \_\_\_\_\_

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# **DELAWARE MOTORISTS' PROTECTION ACT** **Required Statement to Policyholders**

NATIONWIDE INSURANCE COMPANIES  
Home Office: Columbus, Ohio

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverages and limits of liability under the Delaware Motorists' Protection Act:

- Bodily Injury Liability: (\$15,000 each person; \$30,000 each accident)
- Property Damage Liability: (\$10,000 each accident)
- Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
- Damage to Property Other Than a Motor Vehicle: (\$10,000 included if Property Damage written)

Insured [REDACTED] Policy Number [REDACTED] Co. Mutual  
Eff: [REDACTED] Vehicle(s): [REDACTED]

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
1. BODILY INJURY LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input type="checkbox"/>	Bodily Injury Limits Each Person      Each Accident \$ <u>100,000</u> \$ <u>300,000</u>
2. PROPERTY DAMAGE LIABILITY (Compulsory)	I WANT: 1. Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input type="checkbox"/>	Property Damage Limits \$ <u>100,000</u>
3. NO FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)	I WANT: 1. Additional Limits as shown in Column C <u>                    </u> 2. Minimum Limits <input checked="" type="checkbox"/>  3. Full Coverage with no Deductible  4. Deductible Applicable to Named Insured only <input checked="" type="checkbox"/> 5. Deductible Applicable to Named Insured and Members of his household <input type="checkbox"/> 6. (Motorcycle Risks Only) Restricted Coverage – Excludes off the highway accidents and accidents when no other motor vehicle is involved <input type="checkbox"/>	Personal Injury Protection Limits Each Person      Each Accident \$      ,000      \$      ,000  Yes <u>          </u> No <u>X</u>  DEDUCTIBLE <input checked="" type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$ <u>          </u>  <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$ <u>          </u>
4. PHYSICAL DAMAGE	I WANT: 1. Collision <u>                    </u> To Reject This Coverage Entirely <input type="checkbox"/> 2. Comprehensive <u>                    </u> To Reject This Coverage Entirely <input type="checkbox"/>	DEDUCTIBLE Collision \$ <u>100</u> Comprehensive \$ <u>50</u>
5. LOSS OF USE COVERAGE (Optional)	\$ <u>          </u> per day, \$ <u>          </u> Max. Available only with Comprehensive and/or Collision	Yes <u>          </u> No <u>X</u>
6. UNINSURED/UNDERINSURED VEHICLE COVERAGE* (Optional) (Available in limits up to the Bodily Injury Liability Limits)	I WANT 1. Minimum Limits (\$15,000/\$30,000) <input type="checkbox"/> 2. Bodily Injury Liability Policy Limit <input type="checkbox"/> 3. Other – Specify in Column C <input checked="" type="checkbox"/> 4. To reject this coverage entirely <input type="checkbox"/>	LIMITS Each Person \$ <u>100,000</u> Each Accident \$ <u>300,000</u>

\*Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage, which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

(Over)

A03  
NAME: [REDACTED] AUTO RATE QUOTE #1 - COVERAGES EFF DATE [REDACTED]  
ST [REDACTED] AGT [REDACTED]

COMP	50	96.70
COLL	100	212.20
PD	100000	89.00
BI	100/300	193.70
MED PAY		
UMBI	100/300	94.40
UMPD	10000	INCL
PIP	250U	245.40
INSD	INSURED	INCL
TOTAL		931.40

DR:CG:ADLT  
RF/SC/TIER  
BY:SX:MS:P/O  
USE:RS  
DISCOUNT

CURRENT TOTL/INST \$931.40 / \$469.70

<PREV PG> CLASS <NEXT PG> QUOTE #2 <TAB> CHANGE

<GO> TO SELECT QUOTE #1

AUTO BINDER RECEIPT

POLICY NUMBER [REDACTED]  
POLICY EFF. DATE [REDACTED]

THE UNDERSIGNED COMPANY AGREES TO EXTEND THE FOLLOWING COVERAGES AS RESPECTS THE DESCRIBED AUTOMOBILE(S) FOR A PERIOD OF 30 DAYS FROM THE EFFECTIVE DATE INDICATED, PENDING THE ISSUANCE OF AN AUTOMOBILE INSURANCE POLICY. THIS EXTENSION OF INSURANCE SHALL BE IN ACCORDANCE WITH THE TERMS OF THE COMPANY'S AUTO INSURANCE POLICIES AND MANUAL OF RATES AND CLASSIFICATIONS APPLICABLE IN THE STATE ON THE EFFECTIVE DATE OF THIS AGREEMENT. THIS AGREEMENT MAY BE CANCELLED BY THE COMPANY BY MAILING WRITTEN NOTICE TO THE APPLICANT STATING WHEN IN ACCORDANCE WITH ANY APPLICABLE STATUTES OR POLICY TERMS SUCH CANCELLATION SHALL BE EFFECTIVE.

NATIONWIDE MUTUAL INSURANCE COMPANY

VEH #1  
[REDACTED]

COMPREHENSIVE	50	\$96.70
COLLISION	100	\$212.20
BODILY INJURY	100/300	\$193.70
PROPERTY DAMAGE	100000	\$89.00
PERSONAL INJURY PROTECTION	250U	\$245.40
DEDUCTIBLE APPLIES TO	INSURED	INCLUDED
TOTAL VEHICLE PREMIUM		\$837.00

\*\*\*\*\*  
POLICY COVERAGE  
UNINSURED MOTORIST--BODILY INJURY 100/300 \$94.40  
UNINSURED MOTORIST--PROPERTY DAMAGE 10,000 INCLUDED  
\*\*\*\*\*

ANNUAL PREMIUM \$931.40

THIS ACKNOWLEDGES RECEIPT OF \$0.00

*Janet Hudson*  
HOBAN INSURANCE AGENCY  
18 HICKORY STREET  
P O BOX 70  
FRANKFORD, DE 19945  
PHONE (302) 732-9505

5774

7/11/03  
DATE

CHECKS AND DRAFTS ARE RECEIVED SUBJECT TO COLLECTION ONLY